

**Health Information and Quality Authority  
Regulation Directorate**

**Compliance Monitoring Inspection report  
Designated Centres under Health Act 2007,  
as amended**



<b>Centre name:</b>	A designated centre for people with disabilities operated by Muiriosa Foundation
<b>Centre ID:</b>	OSV-0002704
<b>Centre county:</b>	Kildare
<b>Type of centre:</b>	Health Act 2004 Section 38 Arrangement
<b>Registered provider:</b>	Muiriosa Foundation
<b>Provider Nominee:</b>	Colm Heffernan
<b>Lead inspector:</b>	Conor Brady
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	8
<b>Number of vacancies on the date of inspection:</b>	4

## **About monitoring of compliance**

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

**Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.**

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration decision. This monitoring inspection was announced and took place over 2 day(s).

**The inspection took place over the following dates and times**

From:	To:
18 November 2014 09:30	18 November 2014 18:00
19 November 2014 09:00	19 November 2014 19:30

The table below sets out the outcomes that were inspected against on this inspection.

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 02: Communication
Outcome 03: Family and personal relationships and links with the community
Outcome 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 09: Notification of Incidents
Outcome 10. General Welfare and Development
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 15: Absence of the person in charge
Outcome 16: Use of Resources
Outcome 17: Workforce
Outcome 18: Records and documentation

**Summary of findings from this inspection**

This was an inspection of a Muiriosa Foundation nominated designated centre located in a campus based setting that provides residential care for up to 12 residents. At the time of inspection there were eight residents residing in the designated centre. The designated centre also provided respite care on an a rotational basis to a number of residents at regular intervals. This designated centre comprised of two campus based narrow buildings located in close proximity to each other. This was the second inspection of this designated centre with a previous monitoring inspection conducted by the Authority in March 2014. The inspector found a number of actions highlighted on this previous inspection were followed up

on as part of this inspection. However there were also areas that were not followed up on since the previous inspection.

As part of this announced inspection the inspector met with the residents, the area manager (provider nominee), the person in charge, nurses on duty, care staff, household staff and resident's family members. In addition, the inspector met with members of the personnel department (on a separate inspection day) at the providers head office to inspect staff files and training records. The inspector observed practice and reviewed relevant documentation such as policies and procedures, personal plans, care planning documentation, risk management protocols, resident meeting minutes, staff meeting minutes, audits and reviews.

Overall the inspector found that there was a good standard of care provided in the designated centre. However, the inspector found that some areas required further improvement to meet the requirements of the Regulations. For example,

- Safety and Suitability of Premises,
- Resident's Rights, Dignity and Consultation,
- Social Care Need's (Care Planning),
- Governance and Management,
- Medication Management

In particular, the inspector was not satisfied that plans previously submitted to the Authority regarding the suitability of the designated centres premise and transition of residents had not been implemented.

All areas that were inspected are discussed in detail in the main body of the report.

**Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.**

**Outcome 01: Residents Rights, Dignity and Consultation**

*Residents are consulted with and participate in decisions about their care and about the organisation of the centre. Residents have access to advocacy services and information about their rights. Each resident's privacy and dignity is respected. Each resident is enabled to exercise choice and control over his/her life in accordance with his/her preferences and to maximise his/her independence. The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.*

**Theme:**

Individualised Supports and Care

**Outstanding requirement(s) from previous inspection(s):**

The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**

The inspector found some good elements of consultation with residents within the designated centre regarding certain aspects of care provision. However further improvement was required regarding the communication and implementation of resident's medium to long term planning from a rights, dignity and consultation perspective.

The inspector found that the issues highlighted at the previous inspection regarding resident's finances had been addressed. The inspector found each resident had a financial decision making assessment completed, policies and protocols around resident finances had also been improved. The inspector reviewed a number of resident's personal finances which were found to be appropriately managed in the designated centre with the balances matching the residents account information. Residents informed the inspector they were satisfied with the supports they received around their finances.

The inspector found that residents were consulted with regarding menu choice and activities. The inspector noted that appropriate information was freely available within the designated centre in 'easy-read' format. The inspector found that staff knew residents very well and were very aware of resident's needs, wishes and preferences.

The inspector found that a complaints procedure was in place that was guided by an up to date complaints policy. The inspector found evidence whereby resident's complaints had been followed up and dealt with. For example, instances whereby residents highlighted concerns regarding a particular staff member and the food provided in the

designated centre.

The inspector was not satisfied with the consultation and implementation of resident's medium to long term planning from a rights, dignity and consultation perspective. For example, on the previous inspection the inspectors reviewed detailed plans for a number of residents to move to a community based setting. One resident in particular had previously made formal complaints seeking a 'move' to the community. This resident was articulate in her interaction with the inspector on the last inspection about how she was looking forward to moving to this community house. A picture of the new community house was present on the last inspection and residents presented as excited by this planned transition.

The inspector found on this inspection that this plan was not pursued for these residents. The provider stated a number of variables such as funding, resident mix and families resistant to transitions as some of the issues preventing this move. Notwithstanding practical difficulties, the inspector found that residents were clearly communicated that this transition was taking place and subsequently it did not take place. In particular, this affected the residents who were actively seeking a move to the community. This issue was linked to a previous plan submitted to the Authority highlighting significant changes were necessary to the designated centre (This is discussed further under Outcome 6: Safe and Suitable Premises).

**Judgment:**

Non Compliant - Moderate

**Outcome 02: Communication**

*Residents are able to communicate at all times. Effective and supportive interventions are provided to residents if required to ensure their communication needs are met.*

**Theme:**

Individualised Supports and Care

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

Overall the inspector was satisfied that residents were able to communicate at all times and appropriate support interventions were in place to meet resident's communication needs.

The inspector found residents who were verbally articulate and could clearly communicate their needs, wishes and preferences to staff members. The inspector found communication plans in place that gave direction to staff regarding residents support needs. The inspector found other residents who required additional supports around communication. For example, one resident with a hearing impairment communicating in writing with a note-pad. This resident communicated with the

inspector on the inspection and was seeking to be moved to a community setting. The inspector found residents with communication support needs received appropriate support and were also linked to relevant external support services where required.

**Judgment:**  
Compliant

**Outcome 03: Family and personal relationships and links with the community**  
*Residents are supported to develop and maintain personal relationships and links with the wider community. Families are encouraged to get involved in the lives of residents.*

**Theme:**  
Individualised Supports and Care

**Outstanding requirement(s) from previous inspection(s):**  
No actions were required from the previous inspection.

**Findings:**  
Overall the inspector was satisfied that residents were supported to develop and maintain personal relationships and links to the community. The inspector found a number of family members who were in the designated centre at inspection time visiting residents.

The inspector found that residents in the designated centre had good opportunities to participate in the community. Residents were observed coming and going on various activities throughout the inspection process. The inspector found some residents enjoyed walking around the grounds of the campus and other residents partook in community activities such as bingo. In examining care plans and activity sheets the inspector noted residents had good access to transport and went shopping, for coffee/lunch, and on social outings at regular intervals.

Resident's families spoken to were complimentary about the service and were opposed to any closure or changes to the designated centre. The resident's families spoken to articulated that the provider had previously indicated plans to move all residents towards community based activities but a number of families were opposed to same. Family feedback was largely positive on the questionnaires returned to the Authority.

**Judgment:**  
Compliant

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**Outcome 04: Admissions and Contract for the Provision of Services**

*Admission and discharge to the residential service is timely. Each resident has an agreed written contract which deals with the support, care and welfare of the resident and includes details of the services to be provided for that resident.*

**Theme:**

Effective Services

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

The inspector found that an admission and discharge policy, procedure and protocols were in place within the designated centre. The inspector found that each resident had a written contract in place regarding the service they received. The inspector noted consultation had taken place with residents and their families and next of kin also signed these agreements.

**Judgment:**

Compliant

**Outcome 05: Social Care Needs**

*Each resident's wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individualised personal plan that reflects his /her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.*

**Theme:**

Effective Services

**Outstanding requirement(s) from previous inspection(s):**

Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**

The inspector found that resident's well being and welfare was maintained to an appropriate standard in terms of social care needs and participation in activities. The inspector also noted improvements in individualised assessments and personal plans since the previous inspection. However further improvement was required in the areas of consistency in care planning (person centred support plans). In addition, further

improvements were needed regarding the provision of services and supports for resident planned transitions.

The inspector noted positive improvements in personal planning and saw evidence of efforts made on the part of the person in charge regarding same since the previous inspection. In particular there had been substantial work completed in auditing health-care planning and associated documentation. Each resident had a personal plan in place that was comprehensive. The inspector noted some inconsistencies with the standard of person centred planning for some residents. For example, some person centred support plans were more detailed than others. In addition, all staff members did not present as fully familiar with all aspects of residents personal plans. The inspector found that the area of residents long term planning and transition plans also required improvement. For example, the inspector found that the quality of information, support and advocacy for residents in this regard needed to be addressed.

**Judgment:**

Non Compliant - Moderate

**Outcome 06: Safe and suitable premises**

*The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.*

**Theme:**

Effective Services

**Outstanding requirement(s) from previous inspection(s):**

Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**

The inspector was not satisfied with the safety and suitability of this designated centre in terms of its design and layout in meeting residents needs.

The inspector found the designated centre can accommodate up to twelve residents inclusive of respite and comprises of two long narrow campus based dwellings. The inspector found that while residents had their own rooms, they were small in size with limited space for personal possessions. For example residents could not have a double bed in their rooms due to space constraints.

The inspector was informed at the outset of this inspection that the transition/premises plan previously submitted to the Authority was not going to take place. This plan aimed to close part of this designated centre, complete substantive renovations to move towards regulatory compliance and transition a number of residents to a community based setting. This was discussed with the provider nominee in detail and the inspector

was informed that due to variables such as cost, resident mix, difficulty in finding suitable alternatives and resident's families opposing transitions, this was a difficulty for the provider. This change from the action plan submitted following the last inspection had not been communicated or discussed with the Authority. The inspector was concerned that in the absence of this plan the premises in use was not appropriate or adequate for the assessed needs of the residents.

As highlighted in the previous inspection report the inspector found the design and layout of the designated centre to be clean and bright. However, the small size of resident rooms, limited communal space and storage, and in particular, the narrow width of corridors was a concern. The hallway (approx 2.5 ft in width) was a particular concern and this would pose difficult if a resident fell and required assistance from staff. The inspector noted some residents had a history of falls and required various on-going supports in this regard.

The main difficulties with the premises highlighted by the provider (at the previous inspection) related to the difficulty in managing immobile residents due to the layout/space constraints in the designated centre and in particular the narrow hallways. The inspector observed this as an issue on inspection with an ageing population and current profile of residents whereby many had mobility assistance needs. For example, residents who required walking frames and wheelchairs. The inspector determined that a previous resident in this designated centre who required emergency services (ambulance evacuation) experienced difficulties due to the paramedics being unable to manoeuvre a stretcher to the resident's room. In addition, the inspector found that there was limited communal space for residents to receive guests in private apart from their bedrooms.

The inspector spoke to residents and residents family members who were very happy with the designated centre and expressed reluctance to any changes, moves or closure. However in light of the above concerns the inspector found that this centre remains in non-compliance with no action implemented since the previous inspection.

**Judgment:**

Non Compliant - Major

**Outcome 07: Health and Safety and Risk Management**

*The health and safety of residents, visitors and staff is promoted and protected.*

**Theme:**

Effective Services

**Outstanding requirement(s) from previous inspection(s):**

The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**

The inspector found that the provider had taken adequate precautions to promote the

health and safety of residents, visitors and staff.

The inspector read a newly revised Risk Management Policy which now covered the areas that were omitted from the previous inspection. The inspector found a good approach and understanding of risk management and hazard identification by the person in charge. The person in charge demonstrated a good aptitude in the area of managing risk in the designated centre.

The inspector found completed risk assessments for residents regarding residents potential to go missing, manual handling and falls. The inspector found some appropriate hazard identification, risk assessment, control measures and learning regarding the person in charges management of residents at risk. For example, the person in charges on-going review of all falls in the designated centre. The person in charge demonstrated good knowledge of best practice and was guided by a Management of Risk of Falls Policy (2013).

The inspector found some staff ambiguity around the implementation of risk management procedures. For example, risk assessment tools and risk management tools not being adopted in line with centre policy. The provider addressed this issue on inspection and furnished the inspector with evidence that new risk assessments were completed and further staff training was provided regarding risk management policies. The inspector reviewed the incident and accident book and found that this was used regularly and appropriately recorded accidents and incidents.

The inspector found adequate measures in place regarding fire safety. All staff interviewed presented to the inspector as aware of risks and procedures to follow in the event of an emergency. The inspector found service records were up to date regarding fire extinguishers and alarm testing equipment. The designated centre had an emergency lighting back-up system in place. The inspector found evidence of fire drills and personal evacuations having taken place. The inspector reviewed personal evacuation plans for all residents including residents who avail of respite.

**Judgment:**

Compliant

**Outcome 08: Safeguarding and Safety**

*Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.*

**Theme:**

Safe Services

**Outstanding requirement(s) from previous inspection(s):**

The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**

Overall the inspector found measures in place to protect residents being harmed or suffering abuse.

The inspector found that all staff had been provided training in the area of protecting vulnerable adults since the last inspection. The inspector spoke to staff who had an appropriate understanding of their role in protecting and safeguarding residents. Staff were aware of the different forms of abuse and the procedures involved when dealing with an allegation of abuse.

The inspector was informed that no residents required positive behavioural support planning in the designated centre. The inspector found some restrictive practices operational within the designated centre. For example, the use of bed rails (enablers) and bed alarms. The inspector found there was not a risk assessment and clear rationale for all restrictive practices in place. However the provider and person in charge in consultation with the occupational therapist addressed this issue on inspection and furnished the appropriate risk assessment documentation to the inspector following the inspection.

**Judgment:**

Compliant

**Outcome 09: Notification of Incidents**

*A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.*

**Theme:**

Safe Services

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

The inspector found practice in relation to notifications of incidents was satisfactory. The person in charge was aware of the legal requirement to notify the Chief Inspector as per the Regulations. To date all relevant incidents had been notified to the Chief Inspector.

**Judgment:**

Compliant

**Outcome 10. General Welfare and Development**

*Resident's opportunities for new experiences, social participation, education, training and employment are facilitated and supported. Continuity of education, training and employment is maintained for residents in transition.*

**Theme:**

Health and Development

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

Overall the inspector was satisfied that resident's had good experiences and that staff ensured residents were engaged in activities suitable to their preferences, wishes and capacities.

The inspector saw evidence of activities that residents pursued according to their respective interests and preferences. For example, residents met friends and family, went on visits to local attractions and were socially involved in their communities. Some residents attended a day service and informed the inspector they enjoyed same. A number of residents were living in the designated centre for a number of decades and had a very clear routine in terms of their daily life. One resident discussed how she did not like living in the community and preferred the life she had on the campus. It was clear to the inspector that staff made a lot of effort to provide 1:1 time with residents where possible to ensure residents had opportunities to pursue personal interests.

**Judgment:**

Compliant

**Outcome 11. Healthcare Needs**

*Residents are supported on an individual basis to achieve and enjoy the best possible health.*

**Theme:**

Health and Development

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

Overall residents were supported on an individual basis to achieve and enjoy best possible health. The inspector found that residents had good access to healthcare services and were well supported in their health needs.

The inspector noted residents healthcare needs were assessed on an on-going basis. The inspector found a number of residents, required significant therapeutic intervention, which was facilitated. For example, physiotherapy and occupational therapy. The inspector noted residents had appropriate access to general practitioner, chiropodist, dentist and psychiatrist when/where required. The person in charge demonstrated a good awareness of all resident's health needs. Residents had detailed care plans in place regarding their healthcare needs. The inspector noted good on-going consultation by the person in charge with residents and families regarding resident's healthcare need and families highlighted satisfaction with communication in this regard.

Regarding food and nutrition the inspector observed residents being supported at dining times with dignity and respect. The inspector viewed visual menus in place. Residents informed the inspector they were happy with the food and one resident acted as a resident advocate in terms of food coming to the designated centre. The inspector found resident's food and nutritional care planning, assessment and documentation was up to date.

**Judgment:**

Compliant

**Outcome 12. Medication Management**

*Each resident is protected by the designated centres policies and procedures for medication management.*

**Theme:**

Health and Development

**Outstanding requirement(s) from previous inspection(s):**

The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**

The inspector found that medication management policies and procedures were in place but further improvements were needed to meet the requirements of the Regulations.

The inspector was shown a medication management policy that was in place in the designated centre. The nursing staff were observed administering medication and did so safely and in line with best practice guidelines. The inspector found that resident's information and photographs were attached to their prescription records and medication prescribing and administration protocols were in place and up to date. The inspector was informed that medication delivery/disposal arrangements took place monthly in conjunction with a local pharmacist. The inspector was satisfied with the medication delivery, storage and disposal arrangements in place within the nurse's office.

The inspector found that the safeguards in place in respect to a resident self administering medication were not safe. For example, according to a risk assessment viewed by the inspector, the resident's medication should have been locked in a safe in

the residents bedroom. The inspector found this medication could not be located on inspection and the safe was open. A risk assessment highlighted this individual was supervised when taking their medication and this medication was locked in the safe at all times. The person in charge located this medication and informed the inspector while on inspection. The inspector was informed that this practice would be reviewed following inspection.

**Judgment:**

Non Compliant - Moderate

**Outcome 13: Statement of Purpose**

*There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.*

**Theme:**

Leadership, Governance and Management

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

The inspector found that the statement of purpose did not accurately reflect and describe the service provided in the designated centre. For example, the maximum numbers that could reside in the designated centre.

**Judgment:**

Non Compliant - Minor

**Outcome 14: Governance and Management**

*The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.*

**Theme:**

Leadership, Governance and Management

**Findings:**

Overall the inspector found governance and management systems in place within the designated centre. However, there were some improvements required to fully meet the

requirements of the Regulations.

The inspector found that the person in charge worked full-time and had the required and relevant qualifications (Nursing and Management), skills and experience to manage the designated centre. The inspector found a clear management structure in place that was understood by both staff and residents. The inspector found sufficient evidence of communication between the person in charge and senior management and a defined operational management structure was in place.

The inspector found that the provider nominee had changed since the previous inspection. While the inspector found some good evidence of audits conducted by the person in charge, the standard of auditing from the provider were very vague and largely incomplete. The inspector found that this system did not provide appropriate review systems to consistently and effectively monitor that resident's needs were met.

As highlighted earlier in this report the inspector was concerned that the governance and management arrangements did not implement all aspects of a previous action plan submitted to the Authority nor was any communication made with the Authority in this regard.

**Judgment:**

Non Compliant - Moderate

**Outcome 15: Absence of the person in charge**

*The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.*

**Theme:**

Leadership, Governance and Management

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

The provider was aware of the requirement to notify the Chief Inspector of any proposed absence of the person in charge for a period of more than 28 days. The person in charge informed the inspector that there was a deputy person in charge in place. The inspector was informed that the Area Manager (provider nominee) was also based nearby and visited the designated centre on a regular basis.

**Judgment:**

Compliant

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**Outcome 16: Use of Resources**

*The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.*

**Theme:**

Use of Resources

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

Overall the inspector found that the centre was appropriately resourced (aside from issues highlighted under Outcome 6) to ensure the effective delivery of care and support. The inspector noted appropriate staff numbers available and all residents were supported throughout the two day inspection. The inspector found that the designated centre had the use of a vehicle which was seen in operation on inspection. The inspector found that resourcing in this designated centre was adequate.

**Judgment:**

Compliant

**Outcome 17: Workforce**

*There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.*

**Theme:**

Responsive Workforce

**Outstanding requirement(s) from previous inspection(s):**

The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**

Overall the inspector found that there were appropriate staff numbers and skill mix to meet the assessed needs of residents in the designated centre. The inspector found a good continuity of care provided to residents and noted the provider had professional practices regarding recruitment, training and managing volunteers in place. Staff member's interviewed by the inspector presented as capable and professional in their respective roles.

Regarding Schedule 2 (Staffing Records), a full review of staff files took place in the

providers head office on a previous inspection. The inspector was satisfied that the majority of staff files that were reviewed contained the required information and met the requirements of the Regulations. The inspector reviewed a cross section of organisational staff working in different roles within the organisation. For example, Clinical Nurse Manager, Staff Nurse, Social Care Worker, Care Assistant, Community Support Worker. The inspector examined staff files from all designated centres within the area. As part of this inspection the inspector also reviewed staff files for relief and agency staff. The inspector found good practice regarding the maintenance of staff records to meet regulatory requirements. There were no issues pertaining to staff files examined relating to this designated centre.

The inspector viewed evidence of supervision/performance appraisal having commenced in the designated centre. The inspector saw the person in charge had a plan in place to performance appraise all staff in the designated centre on a continuing basis.

**Judgment:**

Compliant

**Outcome 18: Records and documentation**

*The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.*

**Theme:**

Use of Information

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

The inspector found that there were systems in place to maintain complete and accurate records and the required policies were in place.

The inspector found that written operational policies were in place to inform practice and provide guidance to staff and these documents were reviewed and updated appropriately. The inspector noted that all policies reviewed met with the requirements of the Regulations. For example, the providers Schedule 5 policies were in the designated centre and accessible to staff.

The inspector found that staff members in the designated centre were sufficiently knowledgeable regarding operational policies. The inspector found that personal

information, files, records and other information, relating to residents and staff, were maintained in a secure and professional manner. For example, resident's information was stored in secure locations. The inspector found that residents' documentation, files, assessments and care plans were maintained to a good standard. The inspector found some minor issues in recording documentation, for example, risk assessments, however these were addressed over the course of inspection.

Overall the inspector found records and documentation were maintained to an appropriate standard in this designated centre.

**Judgment:**

Compliant

**Closing the Visit**

At the close of the inspection a feedback meeting was held to report on the inspection findings.

**Acknowledgements**

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

***Report Compiled by:***

Conor Brady  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

## Health Information and Quality Authority Regulation Directorate

### Action Plan



### Provider's response to inspection report<sup>1</sup>

<b>Centre name:</b>	A designated centre for people with disabilities operated by Muiriosa Foundation
<b>Centre ID:</b>	OSV-0002704
<b>Date of Inspection:</b>	18 November 2014
<b>Date of response:</b>	22 January 2015

### Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

### Outcome 01: Residents Rights, Dignity and Consultation

**Theme:** Individualised Supports and Care

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

There was not appropriate and meaningful communication and consultation regarding the implementation of resident's transition plans.

**Action Required:**

Under Regulation 09 (2) (a) you are required to: Ensure that each resident, in

<sup>1</sup> The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

accordance with his or her wishes, age and the nature of his or her disability, participates in and consents, with supports where necessary, to decisions about his or her care and support

**Please state the actions you have taken or are planning to take:**

The Register Provider and PIC will ensure that each individual in according to their wishes will be consulted with and participate in decisions about their care and support.

**Proposed Timescale:** 31/07/2015

**Outcome 05: Social Care Needs**

**Theme:** Effective Services

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**

Systems in place did not ensure the effectiveness of each resident's person centred support plans were updated, understood by staff and implemented fully.

**Action Required:**

Under Regulation 05 (6) (c) and (d) you are required to: Ensure that personal plan reviews assess the effectiveness of each plan and take into account changes in circumstances and new developments.

**Please state the actions you have taken or are planning to take:**

1. PIC will ensure that all staff are aware of individual PCSP goals.
2. PIC will ensure that the effectiveness of PCSPs will be audited annually.
3. PIC will ensure that Care Plans are audited annually for effectiveness

**Proposed Timescale:** 31/07/2015

**Theme:** Effective Services

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**

There was not adequate supports, information and advocacy regarding resident's planned transitions.

**Action Required:**

Under Regulation 25 (3) (a) you are required to: Provide support for residents as they transition between residential services or leave residential services through the provision of information on the services and supports available.

**Please state the actions you have taken or are planning to take:**

PIC will ensure that Service User's and family are involved, consulted with and kept up to date regarding transitions.

**Proposed Timescale:** 31/07/2015

## Outcome 06: Safe and suitable premises

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

The premise was not designed or laid out to meet the needs of the residents.

**Action Required:**

Under Regulation 17 (1) (a) you are required to: Provide premises which are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.

**Please state the actions you have taken or are planning to take:**

1. The Registered Provider will provide safe and suitable premises for service users by closing one chalet by 31/07/2015
2. The Registered Provider will close the second chalet by 31/01/2016 and service users will transfer to a designated centre in the community that meets their needs. Service Users and their families/advocates will be involved and consulted with where applicable regarding the transition.

**Proposed Timescale:** 31/01/2016

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

The premises did not fully meet the requirements of the Regulations as outlined in Schedule 6.

**Action Required:**

Under Regulation 17 (7) you are required to: Ensure the requirements of Schedule 6 (Matters to be Provided for in Premises of Designated Centre) are met.

**Please state the actions you have taken or are planning to take:**

1. The Registered Provider will provide safe and suitable premises for service users by closing one chalet by 31/07/2015
2. The Registered Provider will close the second chalet by 31/01/2016 to a designated centre in the community. Service Users and their families/advocate will be involved and consulted with where applicable with regard to their transitions.

**Proposed Timescale:** 31/01/2016

## Outcome 12. Medication Management

**Theme:** Health and Development

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**

Self administration protocols and safe storage of medication arrangements were not sufficient.

**Action Required:**

Under Regulation 29 (4) (a) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that any medicine that is kept in the designated centre is stored securely.

**Please state the actions you have taken or are planning to take:**

Appropriate self-administration protocols and safe storage of medication is now in place.

**Proposed Timescale:** 22/01/2015

**Outcome 13: Statement of Purpose**

**Theme:** Leadership, Governance and Management

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

All elements of statement of purpose were not accurate and reflective of the service within the designated centre.

**Action Required:**

Under Regulation 03 (1) you are required to: Prepare in writing a statement of purpose containing the information set out in Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

**Please state the actions you have taken or are planning to take:**

The Statement of Purpose and Function reflects the service provided in the designated centre

**Proposed Timescale:** 22/01/2015

**Outcome 14: Governance and Management**

**Theme:** Leadership, Governance and Management

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

The standard of safety and quality of care and support auditing was insufficient.

**Action Required:**

Under Regulation 23 (2) (a) you are required to: Carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns

regarding the standard of care and support.

**Please state the actions you have taken or are planning to take:**

The Registered Provider will ensure that an unannounced visit to the designated centre will take every 6 months, from which a written report will be formulated and an action plan designed to address any issues raised.

**Proposed Timescale:** 31/07/2015

**Theme:** Leadership, Governance and Management

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

The provider did not implement the previous action plan submitted to the Authority regarding the designated centres premises and resident's transitions or communicate any changed planning with the Authority.

**Action Required:**

Under Regulation 23 (1) (c) you are required to: Put management systems in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.

**Please state the actions you have taken or are planning to take:**

The Registered Provider will ensure that the 6-month and 12-month audits of the designated centre are completed with appropriate review system in place to monitor the outcomes of each audit and an action plan formulated in conjunction with the PIC to address any issues raised in the audits.

**Proposed Timescale:** 31/07/2015